



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•MCD043678879

INSTALLATION ADDRESS

DUKE POWER CO MARSHALL STEAM STATION  
NC HWY 150  
TERRELL NC 28692

NC HWY 150  
TERRELL NC 28692

# ASH BASIN EQUIVALENCY DEMONSTRATION

**Duke Power Company  
Charlotte, N.C.**

*on file w/  
NEC 024 717 423*

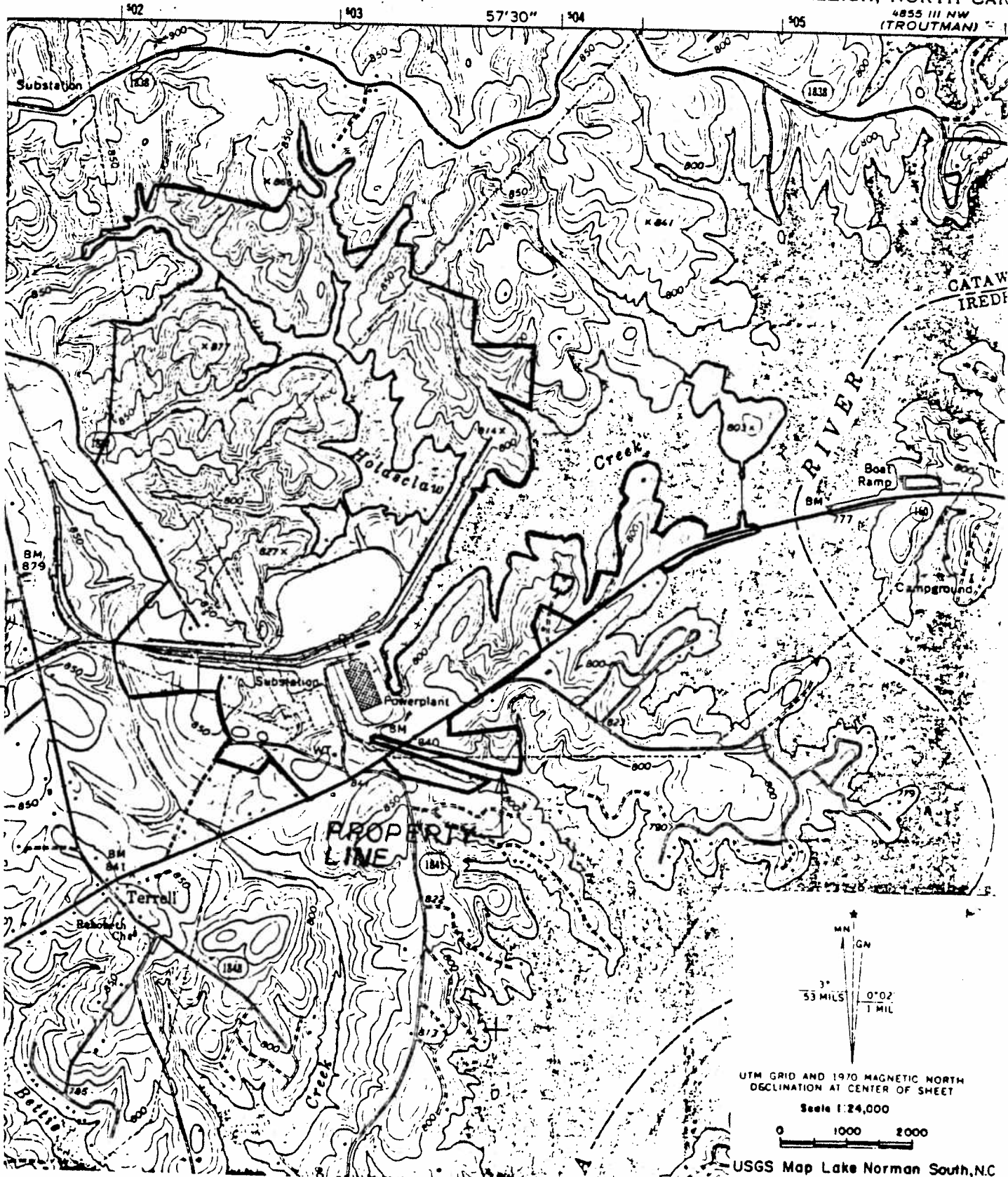
## ABSTRACT

This Ash Basin Equivalency Document conclusively demonstrates that the chemical/physical treatment processes necessary to assure treatment of metals cleaning wastes to Effluent Guideline limits exist in active ash basins within the Duke Power Company System. The program to establish proof of metals cleaning wastes treatment in Duke Power Company ash basins proceeded through four study phases. The results of the first phase, background monitoring of active ash basin effluents before, during, and after the treatment of metals cleaning wastes, indicated that some undefined chemical/physical processes within the ash basins were responsible for the treatment which occurred. The second phase, In-Basin Monitoring, provided the data base which delineated the chemical/physical environment of an active ash basin. The third phase, plume monitoring of metals cleaning wastes as it entered and deployed within the ash basin, demonstrated the treatment kinetics of the ash basin. Phase four, bench studies, were used to elucidate the treatment processes whereby metals cleaning wastes are treated to Effluent Guideline limits. The results of background monitoring, In-Basin monitoring, plume monitoring, and bench studies combined to prove conclusively that metals cleaning wastes resulting from boiler cleaning operations using ammoniacal bromate and inhibited hydrochloric acid solvents can be treated to Effluent Guideline limits within Duke Power Company's active ash basins.

ERIOR

STATE OF NORTH CAROLINA  
DEPARTMENT OF NATURAL AND ECONOMIC DEVELOPMENT  
RALEIGH, NORTH CAROLINA

4855 III NW  
(TROUTMAN)



UTM GRID AND 1970 MAGNETIC NORTH  
DECLINATION AT CENTER OF SHEET

Scale 1:24,000

0 1000 2000

USGS Map Lake Norman South, N.C.

Location Map  
Plant - Marshall  
Duke Power Co.  
Charlotte, N.C.

80°57'57"

## ATTACHMENT

Marshall Steam Station's ash basin is utilized primarily for the disposal of coal ash and waste-water generated in the production of electricity. Periodically it is used for the treatment of metal cleaning wastes.

All four (4) boilers at Plant Marshall are cleaned every three years. Boilers 2 and 3 are cleaned the same year and boilers 1 and 4 are cleaned at the rate of one per year during the alternating years. Boilers #1 and #2 each require 7,100 gallons ( $\pm$  59,143 lbs.) of hydrochloric acid (31.5%) and boilers #3 and #4 each require 4,800 gallons ( $\pm$  39,984 lbs.) of hydrochloric acid (31.5%).

As described in Duke Power Company's Ash Basin Equivalency Demonstration the chemical nature of the ash basin allows for dilution, precipitation, neutralization and ion exchange in treating metals cleaning wastes. To assure proper treatment the following conditions are met:

(1) Boiler wastes are retained within the ash basin for a time period defined as beginning with the first chemical drain (bromate drain) and extending for a period not less than 96 hours after the final chemical drain (acid drain), (2) a reaction volume of 100 to 1 is realized, (3) a maximum dilution of wastes before entering the ash pond is 6 to 1. Monitoring, as required in the NPDES permit, is done to assure proper treatment.

⑥

# DUKE POWER COMPANY

POWER BUILDING

422 SOUTH CHURCH STREET, CHARLOTTE, N. C. 28242

WILLIAM O. PARKER, JR.  
VICE PRESIDENT  
STEAM PRODUCTION

TELEPHONE: AREA 704  
373-4083

November 14, 1980

Mr. James Scarborough, Chief  
Residuals Management Branch  
U. S. Environmental Protection Agency Region IV  
345 Courtland, St., N. E.  
Atlanta, GA 30365

Subject: Resource Conservation and Recovery Act  
Permit Applications  
File: GS-708.00, 702.10

Dear Mr. Scarborough:

In compliance with 40 CFR 122.22, Duke Power Company hereby submits RCRA permit applications for seven ash basin treatment facilities at coal-fired electric generating stations. Notification of Hazardous Waste Activity forms were filed with EPA for these facilities because they treat a waste meeting the EPA corrosivity criterion (40 CFR 261.22). All of these facilities have NPDES permits for point-source discharge to surface waters.

Operational maintenance of coal-fired boilers requires chemical cleaning of the inside surface of the boiler tubes at intervals of two to three years. This routine maintenance typically requires boiler chemical cleaning with a two-step ammoniacal bromate (for copper removal) and hydrochloric acid (for iron removal) solvent system. We have determined that the hydrochloric acid waste meets the EPA definition of a corrosive hazardous waste prior to its neutralization in the ash basin.

Wastes from each step in the chemical cleaning are routed to the ash basin 12 or more hours apart. Consequently, the ammoniacal bromate waste drain and the hydrochloric acid waste drain enter the ash basin separately for treatment. Effective treatment of these wastes has been documented in the attached Duke Power Ash Basin Equivalency Demonstration and has been approved by EPA through the NPDES program.

Sediment samples from all of the ash basins have been analyzed according to the Extraction Procedure protocol (40 CFR 261 Appendix II). Replicate core samples were taken from each ash basin and composited. The samples were processed according to the methods specified in the Extraction Procedure and the leachates obtained were analyzed for elemental composition by atomic absorption spectrometry. The results indicate that the solids in the ash basins are non-toxic. The test results, and our compliance with NPDES effluent limitations, demonstrate that the ash basins do not pose any threat to human health or the environment.

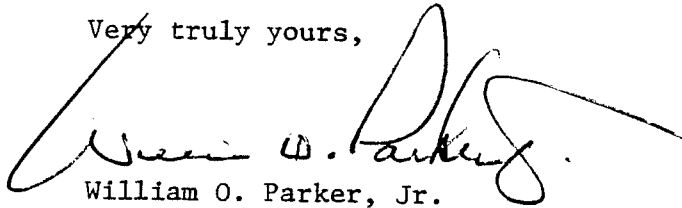


Mr. James Scarborough  
Page 2  
November 14, 1980

Duke Power Company has submitted hazardous waste notification forms for the ash basins, and is now submitting RCRA permit applications, to obtain interim status to operate. We contend, however, that the ash basins are non-hazardous treatment facilities that do not require RCRA permits.

If you have any questions about the permit applications, please contact David P. Roche at (704) 373-5846.

Very truly yours,

A handwritten signature in cursive script, appearing to read "William O. Parker, Jr.", written in dark ink.

William O. Parker, Jr.

DPR/tw

Attachments

cc: O. W. Strickland (NCDHR)  
R. E. Malpass (SCDHEC)

# DUKE POWER COMPANY

STEAM PRODUCTION DEPT.

GENERAL OFFICES

422 SOUTH CHURCH STREET

CHARLOTTE, N. C. 28242

P. O. BOX 33189

TELEPHONE: AREA 704  
373-4011

January 29, 1981

RCRA Activities

U. S. Environmental Protection Agency Region IV  
345 Courtland Street, NE  
Atlanta, GA 30365

Subject: Exemption from RCRA Permit Application  
and Notification Requirements  
Files: GS-708.00, 702.10

Dear Sir:

Please rescind the RCRA permit applications filed by Duke Power Company for the facilities listed below, and cancel the status of these facilities as generators and treatment facilities for hazardous waste:

Facility

EPA Identification Number

Allen Steam Station  
Buck Steam Station  
Cliffside Steam Station  
Dan River Steam Station  
Lee Steam Station  
Marshall Steam Station  
Riverbend Steam Station

NCD043678937 \* included w/ this file  
NCD043678929  
NCD043678986  
NCD024668535  
SCD036241297  
NCD043678879  
NCD024717423

Section 7 of the Solid Waste Disposal Act Amendments of 1980 (October 21, 1980) mandates exclusion from the hazardous waste regulations of wastes that are generated primarily from the combustion of coal. The attached letter\* from national EPA to an electric utility trade association provides interpretation (beginning bottom of Page 4) that the amendment includes boiler cleaning solutions, boiler blowdown, demineralizer regenerants, pyrites, and cooling tower blowdown when these wastes are co-treated with coal ash as sanctioned under state or EPA management plans. The above Duke facilities filed notification and RCRA permit application forms solely because they treat boiler cleaning waste (which is corrosive) in ash basins, as

000019  
RECEIVED  
EPA/REGION IV  
FEB 4 2 15 PM '81  
ENFORCEMENT  
DIVISION  
Delete VI A & C  
add [6] 71



RCRA Activities  
U. S. Environmental Protection Agency Region IV  
Exemption from RCRA Permit Application  
and Notification Requirements  
January 29, 1981  
Page 2

approved by EPA through the NPDES program. Based on the attached letter, we now know these ash basins are exempt from the hazardous waste regulations, and request that these facilities no longer be listed as generators and treaters of hazardous waste.

Very truly yours,



William O. Parker, Jr.  
Vice President, Steam Production

DPR/mp

Attachment

cc: James Scarborough (EPA Region IV)  
O. W. Strickland (NCDHR)  
R. E. Malpass (SCDHEC)

DUKE POWER COMPANY  
STEAM PRODUCTION DEPT.  
GENERAL OFFICES  
422 SOUTH CHURCH STREET  
CHARLOTTE, N. C. 28242

P. O. BOX 33189

67 ~~JOHN D~~  
~~Herman~~  
Betty work w/ ~~Ed.~~  
TELEPHONE: AREA 704  
373-4011

January 29, 1981

RCRA Activities  
U. S. Environmental Protection Agency Region IV  
345 Courtland Street, NE  
Atlanta, GA 30365

Subject: Exemption from RCRA Permit Application  
and Notification Requirements  
Files: GS-708.00, 702.10

Dear Sir:

Please rescind the RCRA permit applications filed by Duke Power Company for the facilities listed below, and cancel the status of these facilities as generators and treatment facilities for hazardous waste:

<u>Facility</u>	<u>EPA Identification Number</u>
<del>Allen Steam Station</del>	<del>NCDO43678937</del>
<del>Buck Steam Station</del>	<del>NCDO43678929</del>
<del>Cliffside Steam Station</del>	<del>NCDO43678986</del>
<del>Dan River Steam Station</del>	<del>NCDO24668535</del>
<del>Lee Steam Station</del>	<del>SCDO36241297</del>
Marshall Steam Station	NCDO43678879
<del>Riverbend Steam Station</del>	<del>NCDO24717423</del>

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RCRA Activities

U. S. Environmental Protection Agency Region IV

Exemption from RCRA Permit Application  
and Notification Requirements

January 29, 1981

Page 2

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Very truly yours,



William O. Parker, Jr.

Vice President, Steam Production

DPR/mp

Attachment

cc: James Scarborough (EPA Region IV)  
O. W. Strickland (NCDHR)  
R. E. Malpass (SCDHEC)

U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored, and/or disposed of, or a transporter's principal place of business. Please refer to the **INSTRUCTIONS FOR FILING NOTIFICATION** before completing this form. The information requested herein is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

PLEASE PLACE LABEL IN THIS SPACE

**FOR OFFICIAL USE ONLY**

## COMMENTS

[illegible]

INSTALLATION'S EPA I.D. NUMBER										APPROVED			DATE RECEIVED (yr., mo., & day)									
3	F	N	C	D	0	4	3	6	7	8	7	9	T/A	C								
1	2												13	14	15	16	17	18	19	20	21	22

### I. NAME OF INSTALLATION

[illegible]

## II. INSTALLATION MAILING ADDRESS

[illegible]

																										45						
CITY OR TOWN																										ST.		ZIP CODE				
C																										N	C	2	8	6	9	2
15	16																					40	41	42	43							

### III. LOCATION OF INSTALLATION

		STREET OR ROUTE NUMBER															
5	Same	N.C.	HWY	150													
15	16																

CITY OR TOWN																ST.		ZIP CODE				
C 6	T	E	R	R	E	L	L									N	C	2	8	6	9	2
15	16															40	41	42	47	-	51	

#### IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)															PHONE NO. (area code & no.)																						
C																																					
2	R	o	c	h	e	D	a	v	i	d	B	i	o	l	o	g	i	s	t							7	0	4	-	3	7	3	-	5	8	4	6
15	16														25	26	27	28	29	30	31	32															

## V. OWNERSHIP

[illegible]

**B. TYPE OF OWNERSHIP**  
(enter the appropriate letter into box)

F = FEDERAL  
M = NON-FEDERAL

M

## VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

### **X A. GENERATION**

☒ C. TREAT/STORE/DISPOSE☐ B. TRANSPORTATION (complete item VII)☐ D. UNDERGROUND INJECTION

**VII. MODE OF TRANSPORTATION** (transporters only - enter "X" in the appropriate box(es))

☐ **A. AIR**      ☐ **B. RAIL**      ☐ **C. HIGHWAY**      ☐ **D. WATER**      ☐ **E. OTHER (specify):**

### VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

C. INSTALLATION'S EPA I.D. NO. \_\_\_\_\_

☒ **A. FIRST NOTIFICATION**

☐ **B. SUBSEQUENT NOTIFICATION** (complete item C)

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY

W	N	C	D	0	4	3	6	7	8	8	7	9	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

**IX. DESCRIPTION OF HAZARDOUS WASTES** (continued from front)**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)☐ 1. IGNITABLE  
(D001)☒ 2. CORROSIVE  
(D002)☐ 3. REACTIVE  
(D003)☐ 4. TOXIC  
(D000)**X. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME &amp; OFFICIAL TITLE (type or print)

DATE SIGNED

Vice President, Steam Production

7-23-80

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER ENC 04 36 188 79	
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE RECEIVED EPA REGION IV NOV 13 12 53 PM '61 ENCL. DIVISION		GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, circle through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		MARK 'X'		SPECIFIC QUESTIONS	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		YES	NO	FORM ATTACHED	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		16	17	18	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		22	23	24	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		28	29	30	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		34	35	36	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)
III. NAME OF FACILITY		40	41	42	
1 SKIP MARSHALL STEAM STATION / DUKE POWER CO					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)			B. PHONE (area code & no.)		
2 ERSKINE, HAROLD PLANT MANAGER			704 478 2121		
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3 P.O. BOX 210					
B. CITY OR TOWN					
4 TERRELL					
C. STATE					
NC					
D. ZIP CODE					
28682					
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 HIGHWAY 150					
B. COUNTY NAME					
CATAWBA					
C. CITY OR TOWN					
6 TERRELL					
D. STATE					
NC					
E. ZIP CODE					
28682					
F. COUNTY CODE (if known)					



CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND											
7	4	9	1	1	(specify)	ELECTRIC SERVICES					7					(specify)					
C. THIRD										D. FOURTH											
7					(specify)						7					(specify)					

## VIII. OPERATOR INFORMATION

A. NAME																														B. Is the name listed in Item VIII-A also the owner?									
8	D	U	K	E		P	O	W	E		R		C	O	M	P	A	N	Y													<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																														D. PHONE (area code & no.)									
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										P (specify)										7 0 4 3 7 3 8 5 0 6									
E. STREET OR P.O. BOX																																							
P.O. BOX 33189																																							
F. CITY OR TOWN																				G. STATE					H. ZIP CODE					IX. INDIAN LAND									
B C H A R L O T T E																				N C					2 8 2 4 2					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9	N									9	P								
N C 0 0 0 4 9 8 7																			
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9	U									9									
										C O E - 7 9 - 2 R - 3 1 3 (specify)									
										COE-DREDGE & FILL									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9	R									9									
										(specify)									

## XI. MAP

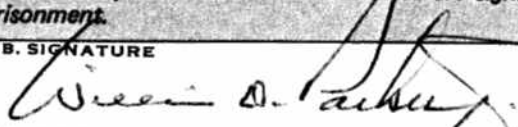
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

COAL FIRED STEAM ELECTRIC GENERATION

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE										C. DATE SIGNED									
WILLIAM O. PARKER, JR. VICE PRESIDENT																				11-18-80									

## COMMENTS FOR OFFICIAL USE ONLY

COMMENTS FOR OFFICIAL USE ONLY																													



RCRA



U.S. ENVIRONMENTAL PROTECTION AGENCY  
HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

1. EPA I.D. NUMBER

ENC 043678879

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)
1	24

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.	MO.	DAY
66	03	15

☐ 2. NEW FACILITY (Complete item below.)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY

B. REVISED APPLICATION (place an "X" below and complete item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FOOT (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or inciner- ators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U

UNIT OF MEASURE	UNIT OF MEASURE CODE
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H

UNIT OF MEASURE	UNIT OF MEASURE CODE
ACRE-FOOT	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)				1. AMOUNT	
X-1	S 0 2	600		5			
X-2	T 0 3	20		6			
1	D 8 3	SEE ATTACHMENT		7			
2	T 0 2	SEE ATTACHMENT		8			
3				9			
4				10			

**III. PROCESSES** *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T01"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE  
POUNDS . . . . . P  
TONS . . . . . T

METRIC UNIT OF MEASURE CODE  
KILOGRAMS . . . . . K  
METRIC TONS . . . . . M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV** (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

☐ **Warning:** Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY														
<div style="display: flex; justify-content: space-between;"> <span>W</span> <span>T/A C</span> </div>															<div style="display: flex; justify-content: space-between;"> <span>W</span> <span>T/A C</span> </div>														
<div style="display: flex; justify-content: space-between;"> <span>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15</span> <span>16 17 18 19 20 21 22 23 24 25 26 27 28 29 30</span> </div>															<div style="display: flex; justify-content: space-between;"> <span>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15</span> <span>16 17 18 19 20 21 22 23 24 25 26 27 28 29 30</span> </div>														
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																													
A. EPA HAZARD. WASTE NO. (enter code)					B. ESTIMATED ANNUAL QUANTITY OF WASTE					C. UNIT OF MEASURE (enter code)					D. PROCESSES														
															1. PROCESS CODES (enter)										2. PROCESS DESCRIPTION (if a code is not entered in D(1))				
23 24 25 26 27					28 29 30 31 32					33 34 35 36 37					38 39 40 41 42 43 44 45 46 47 48 49 50														
1 D 0 0 2					SEE ATTACHMENT					P					D 8 3 T 0 2														
2																													
3																													
4																													
5																													
6																													
7																													
8																													
9																													
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22																													
23																													
24																													
25																													
26																													

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)												
S											T/A	C
F												6
1	2	3	4	5	6	7	8	9	10	11	12	13

All **existing** facilities must include in the space provided on page 5 a scale drawing of the facility (see *instructions for more detail*).

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*).

## LATITUDE (degrees, minutes, &amp; seconds)

3	5	3	6	2	8
6.9	6.6	6.7	6.4	6.4	7.1

LONGITUDE (degrees, minutes, &amp; seconds)

8	0	5	7	5	7
7.5	7.5	7.5	7.5	7.5	7.5

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.


B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER															2. PHONE NO. (area code & no.)																	
C																																
E																																
18	19															39	56		28		99	01	62		85							
3. STREET OR P.O. BOX															4. CITY OR TOWN										5. ST.		6. ZIP CODE					
C																C																
F																G																
18	19		28		39	18	19									10	31	31		37			01									

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
-------------------------	--------------	----------------

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type) WILLIAM O. PARKER, JR. VICE PRESIDENT	B. SIGNATURE 	C. DATE SIGNED 11-18-80
---	--	----------------------------

V. FACILITY DRAWING (see page 4)

SEE ATTACHED AERIAL PHOTO.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION IV

345 COURTLAND STREET  
ATLANTA, GEORGIA 30365

APR 6 1981

REF: 4E-CP

David Roche  
Duke Power Company  
P. O. Box 33189  
Charlotte, North Carolina 28242

Dear Mr. Roche:

This letter is to acknowledge receipt of Mr. William O. Parker's letter dated January 29, 1981. As requested in Mr. Parker's letter the notification files have been amended to delete generator and treatment/store/disposal activities for the following Duke Power Company facilities:

Allen Steam Station	NCD 043 678 937
Buck Steam Station	NCD 043 678 929
Cliffside Steam Station	NCD 043 678 986
Dan River Steam Station	NCD 024 668 535
Lee Steam Station	<del>SED</del> 036 241 297
Marshall Steam Station	NCD 043 678 879
Riverbend Steam Station	NCD 024 717 423

*= No file*

The Part A permit applications filed for these facilities have been withdrawn from the active permit files.

If you have any questions, please contact me at 404/881-2328.

Sincerely,

*Rita Ford*

Rita Ford  
Environmental Engineer

cc: O. W. Strickland, N.C. DHR

40-100-10

DUKE POWER COMPANY  
POWER BUILDING  
422 SOUTH CHURCH STREET, CHARLOTTE, N. C. 28242

WILLIAM O. PARKER, JR.  
VICE PRESIDENT  
STEAM PRODUCTION

TELEPHONE: AREA 704  
373-4083

December 29, 1981

Mr. James Scarborough, Chief  
Residuals Management Branch  
U. S. E.P.A. Region IV  
345 Courtland Street, N.E.  
Atlanta, Ga., 30365

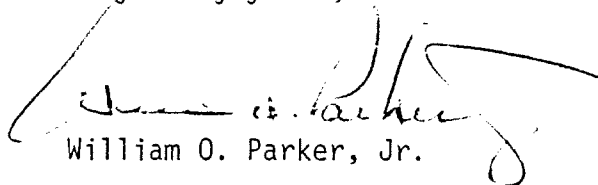
Subject: Withdrawal of RCRA Permit Applications  
File: GS-708.14

Dear Mr. Scarborough:

Regarding your letter of December 16, 1981, Duke Power Company requested on January 29, 1981 to rescind RCRA permit applications for seven ash basin treatment facilities at coal-fired electric generating stations. These permit applications had been filed as a precaution. Subsequently, Section 7 of the Solid Waste Disposal Act Amendments of 1980, and additional interpretation provided by Gary Dietrich, EPA Director of the Office of Solid Waste, indicated that coal combustion wastes as treated by Duke Power are considered non-hazardous under RCRA pending completion of an EPA rulemaking for these wastes.

It is our intention that the permit applications be kept in an inactive file until EPA rules for coal combustion waste are promulgated. Based on the attached letter from Rita Ford of the Region IV Permits Branch, it is our understanding that this has already been done.

Very truly yours,

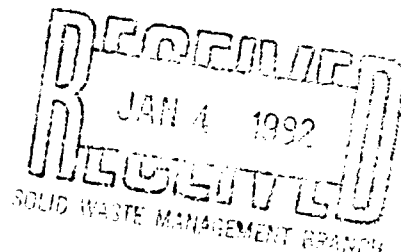


William O. Parker, Jr.

DPR/tw

Attachment

cc: O. W. Strickland (NCDHR)  
R. E. Malpass (SCDHEC)





Duke Power Company  
Electric System Support Department  
13339 Hagers Ferry Road  
Huntersville, NC 28078-7929



**DUKE POWER**

April 26, 1995

North Carolina Department of Environmental,  
Health, and Natural Resources,  
Division of Solid Waste Management  
P.O. Box 27687  
Raleigh, NC 27611-7687

Attention: Jim Edwards

SUBJECT: Subsequent Notification of Hazardous Waste Activity  
Duke Power Company/Marshall Steam Station/NCD043678879  
File: GS-707.13

Attached is a subsequent EPA Notification form for Duke Power Company/Marshall Steam Station - EPA ID Number NCD043678879. The revision includes all previously identified waste codes. Please note the change in the removal of Waste Codes P030, U044, U047, U077, U210, U211, and U226. These waste codes were placed on the previous notification by mistake and were never actually generated at the Marshall facility.

If you have any questions or comments concerning this report, please feel free to call Linda Hunter at (704) 875-5960 or me at (704) 875-5953.

*Mark E. Hollis/lph*

Mark E. Hollis  
Technical System Manager I  
Environmental Division

lph/EPAM

Attachment

cc: D.L. Burrell  
S.W. Whitley  
U.S. EPA Region IV

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**EPA**

# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

NC D 0 4 3 6 7 8 8 7 9

## II. Name of Installation (Include company and specific site name)

DUKE POWER CO. / MARSHALL STEAM

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

HWY 150

Street (continued)

City or Town

TERRELL

State

ZIP Code

NC 28682-

County Code

County Name

CATAWBA

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

PO BOX 210

City or Town

TERRELL

State

ZIP Code

NC 28682-

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

BURRELL

(first)

DONNA

Job Title

SUPV. SCIENTIST

Phone Number (area code and number)

704-478-2121

## VI. Installation Contact Address (See instructions)

A. Contact Address  
Location Mailing☐☒

B. Street or P.O. Box

City or Town

State

ZIP Code

## VII. Ownership (See instructions)

## A. Name of Installation's Legal Owner

DUKE POWER COMPANY

Street, P.O. Box, or Route Number

PO BOX 1007

City or Town

CHARLOTTE

State

ZIP Code

NC 28201-1007

Phone Number (area code and number)

704-875-5953

B. Land Type

P

C. Owner Type

P

D. Change of Owner  
Indicator

Yes

No

☒(Date Changed)  
Month Day Year

SIC CODE NUMBER \_\_\_\_\_

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify \_\_\_\_\_
3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Referral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☒ c. Burner - indicate device(s) - Type of Combustion Device
- ☒ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☒ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☒ 4. Toxicity Characteristic (D000) ☒
- (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
- D0006 D0007 D0008 D0009

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 F001	2 F002	3 F003	4 F005	5 P120	6 
7 U080	8 U122	9 	10 	11 	12 

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1 	2 	3 	4 	5 	6 
-------	-------	-------	-------	-------	-------

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Mark E. Hollis/ps

Name and Official Title (type or print)

Mark E. Hollis, Tech. System Mgr.

Date Signed

4/26/95

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

EPA Notification of Regulated Waste Activity  
(Continued from Form OMB No. 2050-0028)

IX.A. D010  
D018  
D019  
D022  
D035  
D039  
D040

Duke Power Company  
Generation Services Department  
13339 Hagers Ferry Road  
Huntersville, NC 28078-7929



**DUKE POWER**

February 10, 1994

North Carolina Department of Environmental,  
Health, and Natural Resources  
Division of Solid Waste Management  
P.O. Box 27687  
Raleigh, NC 27611-7687

Attention: Jim Edwards

SUBJECT: Subsequent Notifications of Hazardous Waste Activity  
Duke Power Company/North Carolina Facilities  
File: GS-707.13

Attached are subsequent EPA Notification forms for the Duke Power Company/North Carolina Facilities listed below. Each site's revision includes all previously identified waste codes as well as new ones that were generated since the last revision.

Marshall Steam Station	- NCD043678879
McGuire Nuclear Station	- NCD108706029

If you have any questions or comments concerning these reports, please feel free to call Allen Stowe at (704) 875-4655.

  
Mark E. Hollis, Tech. System Manager I  
Environmental Division

lph/93NCEPA

Attachments

cc: D.L. Burrell  
M.E. Kowalewski  
S.W. Whitley  
U.S. EPA Region IV



Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**EPA**

# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)**I. Installation's EPA ID Number (Mark 'X' in the appropriate box)**☐

A. First Notification

☒B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

N C D 1 0 8 7 0 6 0 2 9

**II. Name of Installation (Include company and specific site name)**

D U K E P O W E R C O. / M C G U I R E N U C L E A R

**III. Location of Installation (Physical address not P.O. Box or Route Number)**

Street

1 2 7 0 0 H A G E R S F E R R Y R O A D

Street (continued)

City or Town

H U N T E R S V I L L E

State

ZIP Code

N C

2 8 0 7 8 -

County Code

County Name

M E C K L E N B U R G

**IV. Installation Mailing Address (See Instructions)**

Street or P.O. Box

1 2 7 0 0 H A G E R S F E R R Y R O A D

City or Town

H U N T E R S V I L L E

State

ZIP Code

N C

2 8 0 7 8 -

**V. Installation Contact (Person to be contacted regarding waste activities at site)**

Name (last)

(first)

P H I L L I P S

D. W.

Job Title

Phone Number (area code and number)

E N V I R O N. M G R.

7 0 4 - 8 7 5 - 4 6 3 3

**VI. Installation Contact Address (See Instructions)**A. Contact Address  
Location Mailing☒

B. Street or P.O. Box

City or Town

State

ZIP Code

**VII. Ownership (See Instructions)****A. Name of Installation's Legal Owner**

D U K E P O W E R C O M P A N Y

Street, P.O. Box, or Route Number

P O B O X 1 0 0 7

City or Town

C H A R L O T T E

State

ZIP Code

N C

2 8 2 0 1 - 1 0 0 7

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner  
Indicator(Date Changed)  
Month Day Year

7 0 4 - 8 7 5 - 5 9 5 3

☐☐

Yes

No

☒☐☐☐☐☐☐☐

SIC CODE NUMBER \_\_\_\_\_

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

## A. Hazardous Waste Activity

1. Generator (See Instructions)  
☒ a. Greater than 1000kg/mo (2,200 lbs.)  
☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)  
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)  
☐ a. For own waste only  
☐ b. For commercial purposes
- Mode of Transportation  
☐ 1. Air  
☐ 2. Rail  
☐ 3. Highway  
☐ 4. Water  
☐ 5. Other - specify \_\_\_\_\_
3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.  
☐ 4. Hazardous Waste Fuel  
☐ a. Generator Marketing to Burner  
☐ b. Other Marketers  
☐ c. Boiler and/or Industrial Furnace  
☐ 1. Smelter Deferral  
☐ 2. Small Quantity Exemption  
Indicate Type of Combustion Device(s)  
☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace  
☐ 5. Underground Injection Control

## B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel  
☐ a. Generator Marketing to Burner  
☐ b. Other Marketer  
☐ c. Burner - indicate device(s) - Type of Combustion Device  
☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace
- ☒ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☒ 4. Toxicity Characteristic (D000) ☒
- (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))  
D 0 0 4 D 0 0 5 D 0 0 6 D 0 0 7

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 F 0 0 1	2 F 0 0 2	3 F 0 0 3	4 F 0 0 5	5 U 1 8 8	6 U 0 3 7
7 U 1 2 2	8 U 0 8 8	9 U 1 3 3	10 U 2 2 6	11 U 1 5 4	12 U 1 3 4

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (type or print)

TECHNICAL SYSTEM MANAGER I

Date Signed

2-10-94

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

EPA Notification of Regulated Waste Activity  
(Continued from Form OMB No. 2050-0028)

IX.A	D008	D029
	D009	D030
	D010	D032
	D011	D033
	D018	D035
	D019	D038
	D020	D039
	D021	D040
	D022	D042
	D028	D043

IX.B U003  
U031  
U044  
U051  
U060  
U061  
U075  
U098  
U121  
U162  
U208  
U210  
U228  
U247

P004  
P029  
P030  
P050  
P051  
P068  
P089  
P098  
P105  
P106  
P220



Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**EPA**

# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

N C D 0 4 3 6 7 8 8 7 9

## II. Name of Installation (Include company and specific site name)

D U K E P O W E R C O / M A R S H A L L S T E A M

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

H W Y

1 5 0

Street (continued)

City or Town

State

ZIP Code

T E R R E L L

N C

2 8 6 8 2 -

County Code

County Name

C A T A W B A

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P O

B O X

2 1 0

City or Town

State

ZIP Code

T E R R E L L

N C

2 8 6 8 2 -

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

B U R R E L L

D O N N A

Job Title

Phone Number (area code and number)

S U P V.

S C I E N T I S T

7 0 4 - 4 7 8 - 2 1 2 1

## VI. Installation Contact Address (See Instructions)

A. Contact Address  
Location Mailing

B. Street or P.O. Box

☐☒

City or Town

State

ZIP Code

## VII. Ownership (See Instructions)

## A. Name of Installation's Legal Owner

D U K E P O W E R C O M P A N Y

Street, P.O. Box, or Route Number

P O

B O X

1 0 0 7

City or Town

State

ZIP Code

C H A R L O T T E

N C

2 8 2 0 1 - 1 0 0 7

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner  
Indicator

(Date Changed)

Month Day Year

7 0 4 -

8 7 5 -

5 9 5 3

P

P

Yes

No

X

SIC CODE NUMBER \_\_\_\_\_

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify \_\_\_\_\_
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see Instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Referral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☒ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (D000) ☒
- (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
- D 0 0 6 D 0 0 7 D 0 0 8 D 0 0 9

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 F 0 0 1	2 F 0 0 2	3 F 0 0 3	4 F 0 0 5	5 P 1 2 0	6 
7 	8 	9 	10 	11 	12 

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1 	2 	3 	4 	5 	6 
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## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature



Name and Official Title (type or print)

TECHNICAL SYSTEM MANAGER I

Date Signed

2-10-94

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

EPA Notification of Regulated Waste Activity  
(Continued from Form OMB No. 2050-0028)

IX.A. D010  
D018  
D035  
D039